

Atty. Dkt. No. 041673-2048

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Corbeil, et al.

Title: VACCINE BASED ON  
ATTENUATED HAEMOPHILUS  
SOMNUS

Appl. No.: 09/787,964

Filing Date: 09/25/1999

Examiner: Albert Mark Navarro

Art Unit: 1645

<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b>	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.	
<u>Michelle Sympson</u>	
(Printed Name)	
<u><i>Michelle Sympson</i></u>	
(Signature)	
<u>August 21, 2003</u>	
(Date of Deposit)	

**AMENDMENT TRANSMITTAL**

Mail Stop AF  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

**OFFICIAL**

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- ☐ Small Entity statement is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	11	X 20	= 0	x \$18.00	= \$0.00
Independents:	1	X 3	= 0	x \$84.00	= \$0.00
First presentation of any Multiple Dependent Claims:			+	\$280.00	= \$0.00
CLAIMS FEE TOTAL:					= \$0.00

**FAX RECEIVED**  
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**GROUP 1600**

Atty. Dkt. No. 041673-2048

AMWT

9/B

Linda

8/27/03

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AMENDMENT AND REPLY UNDER 37 CFR 1.116

Mail Stop AF  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

This communication is responsive to the Final Office Action dated March 11, 2003,  
concerning the above-referenced patent application.

Applicants hereby Petition for an Extension of Time of three months' duration to make  
this response timely. Please charge Deposit Account No. 50-0872 for the extension fees due in  
connection with this request pursuant to the instructions in the attached Amendment Transmittal.

The Commissioner is hereby authorized to charge any additional fees which may be  
required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to  
Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check  
being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even  
entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit  
Account No. 50-0872.